About Your Bilateral Salpingo-Oophorectomy

This guide will help you prepare for your bilateral salpingo-oophorectomy surgery at Memorial Sloan Kettering (MSK). It will also help you understand what to expect during your recovery.

Read through this guide at least once before your surgery and use it as a reference in the days leading up to your surgery. Bring this guide with you every time you come to MSK, including the day of your surgery. You and your healthcare team will refer to it throughout your care.

Your Healthcare Team

Doctor: ________________________________________________________

Nurse: _________________________________________________________

Phone number: ________________________________________________

Fax number: __________________________________________________

Emergency Information

At night (from 5 PM to 9 AM), on weekends, and on holidays, call 212-639-2000 and ask for your surgeon.

MSK’s Urgent Care Center is located at:
425 East 67th Street (between First and York Avenues)
New York, NY 10065

Your Caregiver

It’s important to choose a person to be your caregiver. They’ll learn about your surgery with you and help you care for yourself while you’re recovering after surgery. Write down your caregiver’s name below.

Caregiver: ____________________________________________________

To view this guide online, visit www.mskcc.org/pe/bilateral_salpingo_oophorectomy
# Table of Contents

**About Your Surgery** .................................................................................................................. 3

**Before Your Surgery** ................................................................................................................ 5
  - Getting Ready for Your Surgery .............................................................................................. 6
  - Within 30 Days of Your Surgery ............................................................................................ 7
  - 7 Days Before Your Surgery .................................................................................................. 9
  - 2 Days Before Your Surgery .................................................................................................. 9
  - 1 Day Before Your Surgery .................................................................................................... 9
  - The Morning of Your Surgery ................................................................................................10

**After Your Surgery** .................................................................................................................. 13
  - In the Post-Anesthesia Care Unit (PACU) or Recovery Room ............................................. 14
  - Commonly Asked Questions: During Your Hospital Stay ................................................... 16
  - Commonly Asked Questions: At Home ................................................................................. 17

**Support Services** .................................................................................................................... 21
  - MSK Support Services ........................................................................................................... 22
  - External Support Services ...................................................................................................... 24

**Educational Resources** .......................................................................................................... 27
  - Common Medications Containing Aspirin, Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs), or Vitamin E........................................................................................................ 28
  - Herbal Remedies and Cancer Treatment .............................................................................. 33
  - How to Use Your Incentive Spirometer ............................................................................... 36
  - Information for Family and Friends for the Day of Surgery ................................................. 39
About Your Surgery

About Your Reproductive System

Your reproductive system is located in your lower abdomen (belly). It includes your ovaries, fallopian tubes, uterus, cervix, and vagina (see Figure 1). The uterus is located in the lower abdomen between the bladder and rectum. The lower narrow end of the uterus is called the cervix. The ovaries and fallopian tubes are attached to the uterus.

About Your Bilateral Salpingo-Oophorectomy

A bilateral salpingo-oophorectomy is a surgery to remove both your fallopian tubes and ovaries. You may be having a bilateral salpingo-oophorectomy for different reasons, such as you have an ovarian cyst or have a high chance of having ovarian cancer in the future. Your healthcare provider will explain why you’re having the surgery.

After your surgery, you will stop menstruating (getting your period). You may experience normal symptoms of menopause, including night sweats, hot flashes, and vaginal dryness. If you’re in menopause or have already gone through it, you may still notice some of these symptoms. Talk with your healthcare provider about ways to manage these symptoms.

You will also be infertile (unable to have biological children) after your surgery. If you would like to have biological children in the future, ask your healthcare provider for a referral to a fertility nurse specialist. For more information, ask your nurse for the resource Fertility Preservation: Options for Women Who Are Starting Cancer Treatment, or search for it on www.mskcc.org/pe.

Figure 1. Your reproductive system
The surgery you're having is called a:

- Laparoscopic Bilateral Salpingo-Oophorectomy
- Robotic-Assisted Laparoscopic Bilateral Salpingo-Oophorectomy
- Dilation and Curettage

**Laparoscopic and Robotic-Assisted Laparoscopic Bilateral Salpingo-Oophorectomy**

You will have either a laparoscopic salpingo-oophorectomy or a robotic-assisted laparoscopic salpingo-oophorectomy.

In both types of salpingo-oophorectomies, your surgeon will make a small incision (surgical cut) on your abdomen. Gas (carbon dioxide) will be pumped into your abdomen to create space. This will give your surgeon more room to do your surgery.

Next, your surgeon will make several other small incisions on your abdomen. They will place a long, thin video camera and surgical tools through these incisions. One end will be in your abdomen, and the other end will be outside your body.

If you’re having a laparoscopic surgery, your healthcare provider will use their hands to control the video camera and surgical tools. If you’re having a robotic-assisted laparoscopic surgery, your surgeon will use a robot to control the camera and tools.

Your surgeon will remove your ovaries through one of the small incisions, if possible. If your ovaries are too big to fit through the opening, your surgeon will make one of the incisions larger so your ovaries will fit through.

**Dilation and Curettage (D&C)**

You may have a dilation and curettage (D&C) after your salpingo-oophorectomy. This is a procedure that’s done so your surgeon can check for abnormal cells in your uterus.

During your D&C, your cervix will be dilated (opened) slightly. Your surgeon will put a tool called a curette through your cervix, into your uterus. They will use the curette to remove a small amount of tissue from the inside of your uterus.

Your surgeon may also want to look at the tissue lining the inside of your uterus to see if anything looks abnormal. This is called a hysteroscopy. During a hysteroscopy, your surgeon will insert a long, thin video camera through your cervix, into your uterus to examine the area.
The information in this section will help you get ready for your surgery. Read through this section when your surgery is scheduled and refer to it as your surgery date gets closer. It has important information about what you need to do before your surgery.

Write down your questions and be sure to ask your healthcare provider.

Notes
____________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
Getting Ready for Your Surgery

You and your healthcare team will work together to get ready for your surgery.

About Drinking Alcohol

The amount of alcohol you drink can affect you during and after your surgery. It’s important to talk with your healthcare providers about how much alcohol you drink. This will help us plan your care.

- If you stop drinking alcohol suddenly, it can cause seizures, delirium, and death. If we know you’re at risk for these complications, we can prescribe medications to help keep them from happening.

- If you drink alcohol regularly, you may be at risk for other complications during and after your surgery. These include bleeding, infections, heart problems, and a longer hospital stay.

Here are things you can do before your surgery to keep from having problems:

- Be honest with your healthcare providers about how much alcohol you drink.

- Try to stop drinking alcohol once your surgery is planned. If you develop a headache, nausea (feeling like you’re going to throw up), increased anxiety, or can’t sleep after you stop drinking, tell your healthcare provider right away. These are early signs of alcohol withdrawal and can be treated.

- Tell your healthcare provider if you can’t stop drinking.

- Ask your healthcare provider questions about drinking and surgery. As always, all of your medical information will be kept confidential.

Help us keep you safe during your surgery by telling us if any of the following statements apply to you, even if you aren’t sure.

- I take a blood thinner. Some examples are aspirin, heparin, warfarin (Coumadin®), clopidogrel (Plavix®), enoxaparin (Lovenox®), dabigatran (Pradaxa®), apixaban (Eliquis®), and rivaroxaban (Xarelto®). There are others, so be sure your healthcare provider knows all the medications you’re taking.

- I take prescription medications (medications prescribed by a healthcare provider), including patches and creams.

- I take over-the-counter medications (medications I buy without a prescription), including patches and creams.

- I take dietary supplements, such as herbs, vitamins, minerals, or natural or home remedies.

- I have a pacemaker, automatic implantable cardioverter-defibrillator (AICD), or other heart device.

- I have sleep apnea.

- I have had a problem with anesthesia (medication to make you sleep during surgery) in the past.

- I’m allergic to certain medication(s) or materials, including latex.

- I’m not willing to receive a blood transfusion.

- I drink alcohol.

- I smoke.

- I use recreational drugs.
**About Smoking**

If you smoke, you can have breathing problems when you have surgery. Stopping even for a few days before surgery can help. If you smoke, your healthcare provider will refer you to our Tobacco Treatment Program. You can also reach the program by calling 212-610-0507.

**About Sleep Apnea**

Sleep apnea is a common breathing disorder that causes you to stop breathing for short periods of time while sleeping. The most common type is obstructive sleep apnea (OSA). With OSA, your airway becomes completely blocked during sleep. OSA can cause serious problems during and after surgery.

Please tell us if you have sleep apnea or if you think you might have it. If you use a breathing device (such as a CPAP device) for sleep apnea, bring it with you the day of your surgery.

**Within 30 Days of Your Surgery**

**Presurgical Testing (PST)**

Before your surgery, you will have an appointment for presurgical testing (PST). The date, time, and location of your PST appointment will be printed on the appointment reminder from your surgeon’s office. You can eat and take your usual medications the day of your PST appointment.

During your appointment, you will meet with a nurse practitioner (NP) who works closely with anesthesiology staff (doctors and specialized nurses who will give you anesthesia during your surgery). Your NP will review your medical and surgical history with you. You will have tests, including an electrocardiogram (EKG) to check your heart rhythm, a chest x-ray, blood tests, and any other tests necessary to plan your care. Your NP may also recommend you see other healthcare providers.

Your NP will talk with you about which medications you should take the morning of your surgery. It’s very helpful if you bring the following with you to your PST appointment:

- A list of all the medications you’re taking, including both prescription and over-the-counter medications, patches, and creams.
- Results of any tests done outside of MSK, such as a cardiac stress test, echocardiogram, or carotid doppler study.
- The name(s) and telephone number(s) of your healthcare provider(s).

**Identify Your Caregiver**

Your caregiver plays an important role in your care. You and your caregiver will learn about your surgery from your healthcare providers. After your surgery, your caregiver should be with you when you’re given your discharge instructions so they’re able to help you care for yourself at home. Your caregiver will also need to take you home after you’re discharged from (leave) the hospital.
Complete a Health Care Proxy Form

If you haven’t already completed a Health Care Proxy form, we recommend you complete one now. If you have completed one already, or if you have any other advance directives, bring them to your next appointment.

A health care proxy is a legal document that identifies the person who will speak for you if you can’t communicate for yourself. The person you identify is called your health care agent.

Talk with your healthcare provider if you’re interested in completing a health care proxy. You can also read the resources Advance Care Planning (www.mskcc.org/pe/advance_care_planning) and How to Be a Health Care Agent (www.mskcc.org/pe/health_care_agent) for information about health care proxies, other advance directives, and being a health care agent.

Do Breathing and Coughing Exercises

Practice taking deep breaths and coughing before your surgery. Your healthcare provider will give you an incentive spirometer to help expand your lungs. For more information, read How to Use Your Incentive Spirometer, located in the “Educational Resources” section of this guide. If you have any questions, ask your healthcare provider.

Exercise

Try to do aerobic exercise (exercise that makes your heart beat faster) every day. Examples include walking at least 1 mile (1.6 kilometers), swimming, or biking. If it’s cold outside, use stairs in your home or go to a mall or shopping center. Exercising will help your body get into its best condition for your surgery and make your recovery faster and easier.

Follow a Healthy Diet

Follow a well-balanced, healthy diet before your surgery. If you need help with your diet, talk with your healthcare provider about meeting with a clinical dietitian nutritionist.

Buy a 4% Chlorhexidime Gluconate (CHG) Solution Antiseptic Skin Cleanser (Such as Hibiclens®)

4% CHG solution is a skin cleanser that kills germs for 24 hours after you use it. Showering with it before your surgery will help lower your risk of infection after surgery. You can buy a 4% CHG solution antiseptic skin cleanser at your local pharmacy without a prescription.
Days Before Your Surgery

Follow Your Healthcare Provider’s Instructions for Taking Aspirin

If you take aspirin or a medication that contains aspirin, you may need to change your dose or stop taking it 7 days before your surgery. Aspirin can cause bleeding.

Follow your healthcare provider’s instructions. **Don’t stop taking aspirin unless they tell you to.** For more information, read *Common Medications Containing Aspirin, Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs), or Vitamin E*, located in the “Educational Resources” section of this guide.

Stop Taking Vitamin E, Multivitamins, Herbal Remedies, and Other Dietary Supplements

Stop taking vitamin E, multivitamins, herbal remedies, and other dietary supplements 7 days before your surgery. These things can cause bleeding. For more information, read *Herbal Remedies and Cancer Treatment*, located in the “Educational Resources” section of this guide.

Days Before Your Surgery

Stop Taking Nonsteroidal Anti-inflammatory Drugs (NSAIDs)

Stop taking NSAIDs, such as ibuprofen (Advil®, Motrin®) and naproxen (Aleve®), 2 days before your surgery. These medications can cause bleeding. For more information, read *Common Medications Containing Aspirin, Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs), or Vitamin E*, located in the “Educational Resources” section of this guide.

Day Before Your Surgery

Note the Time of Your Surgery

A staff member from the Admitting Office will call you after 2:00 PM the day before your surgery. If your surgery is scheduled for a Monday, they’ll call you on the Friday before. If you don’t get a call by 7:00 PM, call 212-639-5014.

The staff member will tell you what time to arrive at the hospital for your surgery. Use the area to the right to write down your surgery date and scheduled arrival time.
Shower With a 4% CHG Solution Antiseptic Skin Cleanser (Such as Hibiclens)

The night before your surgery, shower using Hibiclens.

1. Use your normal shampoo to wash your hair. Rinse your head well.
2. Use your normal soap to wash your face and genital area. Rinse your body well.
3. Open the 4% CHG solution bottle. Pour some into your hand or a clean washcloth.
4. Move away from the shower stream. Rub the 4% CHG solution gently over your body from your neck to your feet. Don’t put it on your face or genital area.
5. Move back into the shower stream to rinse off the 4% CHG solution. Use warm water.
6. Dry yourself off with a clean towel after your shower.
7. Don’t put on any lotion, cream, deodorant, makeup, powder, perfume, or cologne after your shower.

Sleep

Go to bed early and get a full night’s sleep.

Instructions for Eating Before Your Surgery

Do not eat anything after midnight the night before your surgery. This includes hard candy and gum.

Morning of Your Surgery

Instructions for Drinking Before Your Surgery

You can drink a total of 12 ounces of water between midnight and 2 hours before your scheduled arrival time. Do not drink anything else.

Do not drink anything starting 2 hours before your scheduled arrival time. This includes water.
**Take Your Medications as Instructed**

If your healthcare provider told you to take certain medications the morning of your surgery, take only those medications with a sip of water. Depending on what medications you take and the surgery you're having, this may be all, some, or none of your usual morning medications.

**Shower With a 4% CHG Solution Antiseptic Skin Cleanser (Such as Hibiclens)**

Shower with a 4% CHG solution antiseptic skin cleanser before you leave for the hospital. Use it the same way you did the night before.

Don’t put on any lotion, cream, deodorant, makeup, powder, perfume, or cologne after your shower.

**Things to Remember**

- Don’t put on any lotion, cream, deodorant, makeup, powder, perfume, or cologne.
- Don’t wear any metal objects. Remove all jewelry, including body piercings. The equipment used during your surgery can cause burns if it touches metal.
- Leave valuables, such as credit cards, jewelry, or your checkbook at home.
- Before you’re taken into the operating room, you will need to remove your hearing aids, dentures, prosthetic device(s), wig, and religious articles.
- Wear something comfortable and loose-fitting.
- If you wear contact lenses, wear your glasses instead. Wearing contact lenses during surgery can damage your eyes.
- If you’re menstruating (have your monthly period), use a sanitary pad, not a tampon. You’ll get disposable underwear, as well as a pad if needed.

**What to Bring**

- Your breathing machine for sleep apnea (such as your CPAP), if you have one.
- Your portable music player, if you choose. However, someone will need to hold it for you when you go into surgery.
- Your incentive spirometer, if you have one.
- Your Health Care Proxy form and other advance directives, if you completed them.
- Your cell phone and charger.
- A case for your personal items, such as eyeglasses, hearing aid(s), dentures, prosthetic device(s), wig, and religious articles, if you have it.
This guide. Your healthcare team will use this guide to teach you how to care for yourself after surgery.

Once You’re in the Hospital
You will be asked to state and spell your name and date of birth many times. This is for your safety. People with the same or similar names may be having surgery on the same day.

Get Dressed for Surgery
When it’s time to change for surgery, you will get a hospital gown, robe, and nonskid socks to wear.

Meet With a Nurse
You’ll meet with your nurse before surgery. Tell your nurse the dose of any medications (including patches and creams) you took after midnight and the time you took them.

Your nurse may place an intravenous (IV) line into one of your veins, usually in your arm or hand. If your nurse doesn’t place the IV, your anesthesiologist will do it in the operating room.

Meet With an Anesthesiologist
You’ll also meet with an anesthesiologist before surgery. They will:

• Review your medical history with you.
• Ask you if you’ve had any problems with anesthesia in the past, including nausea or pain.
• Talk with you about your comfort and safety during your surgery.
• Talk with you about the kind of anesthesia you’ll get.
• Answer any questions about your anesthesia.

Your doctor or anesthesiologist may also talk with you about placing an epidural catheter (thin, flexible tube) in your spine (back). An epidural catheter is another way to give you pain medication after your surgery.

Get Ready for Your Surgery
Once your nurse has seen you, 1 or 2 visitors can keep you company as you wait for your surgery to start. When it’s time for your surgery, you’ll need to remove your hearing aids, dentures, prosthetic device(s), wig, and religious articles, if you have them.

You will either walk into the operating room or be taken in on a stretcher. A member of the operating room team will help you onto the operating bed. Compression boots will be placed on your lower legs. These gently inflate and deflate to help blood flow in your legs.
Once you’re comfortable, your anesthesiologist will give you anesthesia through your IV line and you’ll fall asleep. You will also get fluids through your IV line during and after your surgery.

**For Caregivers**

When it’s time for your loved one’s surgery, you’ll go to the waiting area. A staff member will call you with updates during the surgery. They’ll also call you when the surgery is over.

For more information about what to expect, read the resource *Information for Family and Friends for the Day of Surgery*, located in the “Educational Resources” section of this guide.

**During Your Surgery**

After you’re fully asleep, a breathing tube will be placed through your mouth and into your windpipe to help you breathe. A urinary (Foley) catheter will also be placed to drain urine (pee) from your bladder.

Once your surgery is finished, your incisions will be closed with staples or sutures (stitches). You may also have Steri-Strips™ (thin pieces of surgical tape) or Dermabond® (surgical glue) over your incisions. Your incisions may be covered with a bandage.

Your breathing tube is usually taken out while you’re still in the operating room.
The information in this section will tell you what to expect after your surgery, both during your hospital stay and after you leave the hospital. You’ll learn how to safely recover from your surgery.

Write down your questions and be sure to ask your healthcare provider.

Notes
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
In the Post-Anesthesia Care Unit (PACU) or Recovery Room

When you wake up after your surgery, you will be in the Post Anesthesia Care Unit (PACU) or your recovery room.

A nurse will be keeping track of your body temperature, pulse, blood pressure, and oxygen levels. You may be getting oxygen through a thin tube that rests below your nose or a mask that covers your nose and mouth. You’ll also have compression boots on your lower legs.

Your visitors can see you briefly in the PACU, usually within 90 minutes after you arrive there. A member of the nursing staff will explain the guidelines to them.

Depending on the type of surgery you had, you may stay in the PACU overnight. After your stay in the PACU, you will be taken to your hospital room. Soon after you arrive in your room, you will be helped out of bed and into a chair.

Your nurse will tell you how to recover from your surgery. Below are examples of ways you can help yourself recover safely:

• You will be encouraged to walk with the help of your nurse or physical therapist. We will give you medication to relieve pain. Walking helps reduce the risk for blood clots and pneumonia. It also helps to stimulate your bowels so they begin working again.

• Use your incentive spirometer. This will help your lungs expand, which prevents pneumonia. For more information, read *How to Use Your Incentive Spirometer*.

Commonly Asked Questions: During Your Hospital Stay

**Will I have pain after my surgery?**

You may have some pain after your surgery, especially in the first few days. Your healthcare provider will ask you about your pain often. You will be given medication to manage your pain as needed. If your pain isn’t relieved, tell your healthcare provider. It’s important to control your pain so you can cough, breathe deeply, use your incentive spirometer, and get out of bed and walk.

**What side effects can I expect after my surgery?**

It’s common to have some discomfort in your abdomen and shoulders after surgery. This is from the air that was pumped into your abdomen during surgery. Your discomfort should go away after a few days. Walking around can help with this. You should also drink 8 (8-ounce) glasses (2 liters) of liquids a day and make sure to take the stool softeners you received to prevent constipation.

You may also experience normal symptoms of menopause, such as night sweats, hot flashes, and vaginal dryness. Talk with your healthcare provider about ways to manage these symptoms.

**What side effects can I expect after my D&C?**

If you also had a D&C, you may have some vaginal spotting or light bleeding. Wear a pad or panty liner. Don’t use tampons or place anything in your vagina until your healthcare provider says it’s okay. Don’t have sexual intercourse (sex) until your healthcare provider say it’s okay. If you’re having heavy bleeding, such as bleeding through a pad every 1 to 2 hours, call your healthcare provider right away.
Will I be able to eat?
Yes, you will be able to eat a regular diet as tolerated. You should start with foods that are soft and easy to digest, such as apple sauce and chicken noodle soup. Eat small meals frequently, and then advance to regular foods.

If you experience bloating, gas, or cramps, limit high-fiber foods, including whole grain breads and cereal, nuts, seeds, salads, fresh fruit, broccoli, cabbage, and cauliflower.

Commonly Asked Questions: At Home

Will I have pain when I am home?
The length of time each person has pain or discomfort varies. You may still have some pain when you go home and will probably be taking pain medication. Follow the guidelines below:

- Take your medications as directed and as needed.
- Call your healthcare provider if the medication prescribed for you doesn’t relieve your pain.
- Don’t drive or drink alcohol while you’re taking prescription pain medication.
- As your incision heals, you will have less pain and need less pain medication. A mild pain reliever such as acetaminophen (Tylenol®) or ibuprofen (Advil®) will relieve aches and discomfort. However, large quantities of acetaminophen may be harmful to your liver. Don’t take more acetaminophen than the amount directed on the bottle or as instructed by your healthcare provider.
- Pain medication should help you as you resume your normal activities. Take enough medication to do your exercises comfortably. Pain medication is most effective 30 to 45 minutes after taking it.
- Keep track of when you take your pain medication. Taking it when your pain first begins is more effective than waiting for the pain to get worse.

Pain medication may cause constipation (having fewer bowel movements than what is normal for you).

How can I prevent constipation?
- Go to the bathroom at the same time every day. Your body will get used to going at that time. However, if you feel the urge to go, don’t put it off.
- Try to use the bathroom 5 to 15 minutes after meals. After breakfast is a good time to move your bowels. The reflexes in your colon are strongest at this time.
- Exercise, if you can. Walking is an excellent form of exercise.
- Drink 8 (8-ounce) glasses (2 liters) of liquids daily, if you can. Drink water, juices, soups, ice cream shakes, and other drinks that don’t have caffeine. Drinks with caffeine, such as coffee and soda, pull fluid out of the body.
- Slowly increase the fiber in your diet. Fruits, vegetables, whole grains, and cereals contain fiber. If you have an ostomy or have had recent bowel surgery, check with your healthcare provider before making any changes in your diet.
• Both over-the-counter and prescription medications are available to treat constipation. Start with 1 of the following over-the-counter medications first:
  - Docusate sodium (Colace®) 100 mg. Take _____ capsules _____ times a day. This is a stool softener that causes few side effects. Don’t take it with mineral oil.
  - Polyethylene glycol (MiraLAX®) 17 grams daily.
  - Senna (Senokot®) 2 tablets at bedtime. This is a stimulant laxative, which can cause cramping.

• If you haven’t had a bowel movement in 2 days, call your healthcare provider.

For more information, read our resource *Constipation*.

**Can I shower?**

You can shower 24 hours after your surgery. Taking a warm shower is relaxing and can help decrease muscle aches.

When you shower, remove your bandages and use soap to gently wash your incision. Pat the areas dry with a towel after showering. Leave your incision uncovered, unless there’s drainage. If you have drainage, place a new bandage over your incision. Call your healthcare provider if you see any redness or drainage from your incision.

Don’t take tub baths until you discuss it with your healthcare provider at the first appointment after your surgery.

**How do I care for my incisions?**

You will have several small incisions on your abdomen. The incisions are closed with Steri-Strip or Dermabond. You may also have square white bandages (Primapore®) on your incisions. You can remove these in the shower 24 hours after your surgery. You should clean your incisions with soap and water.

If any fluid is draining from your incisions, write down the amount and color. Call your healthcare provider’s office and tell the nurse about any drainage from your incision.

If you go home with Steri-Strip on your incisions, they will loosen and fall off by themselves. If you go home with Dermabond on your incision, it will also loosen and peel off by itself. If the Steri-Strip and Dermabond haven’t fallen off within 10 days, you may remove them.

**When can I resume sexual activity?**

Your healthcare provider will tell you when you can resume sexual activity during your first follow-up visit after surgery. Don’t place anything in your vagina or have sex until your healthcare provider says it’s okay.

**When is it safe for me to drive?**

You can start driving again 2 weeks after surgery, as long as you aren’t taking pain medication that may make you drowsy.
**What exercises can I do?**
Doing aerobic exercise, such as walking and stair climbing, will help you gain strength and feel better. Gradually increase the distance you walk. Climb stairs slowly, resting or stopping as needed.

Ask your healthcare provider before starting more demanding exercises.

**Will I be able to travel?**
Yes, you can travel. If you're traveling by plane within a few weeks after your surgery, make sure you get up and walk every hour. Be sure to stretch your legs, drink plenty of liquids, and keep your feet elevated when possible.

**When can I return to work?**
The time it takes to return to work depends on the type of work you do, the type of surgery you had, and how fast your body heals. Most people can return to work about 2 to 4 weeks after the surgery.

**When can I lift heavy objects?**
Ask your healthcare provider when it's safe for you to lift heavy objects after your surgery. Normally, you shouldn’t lift anything heavier than 5 to 10 pounds (2.27 to 4.5 kilograms) for at least 4 weeks after your surgery.

**When is my first appointment after my surgery?**
Your first appointment after surgery will be in 2 to 4 weeks after you leave the hospital. Your nurse will give you instructions on how to make this appointment, including the phone number to call.

**How can I cope with my feelings?**
After surgery for a serious illness, you may have new and upsetting feelings. Many people say they felt weepy, sad, worried, nervous, irritable, and angry at one time or another. You may find that you can’t control some of these feelings. If this happens, it’s a good idea to seek emotional support.

The first step in coping is to talk about how you feel. Family and friends can help. Your nurse, doctor, and social worker can reassure, support, and guide you. It’s always a good idea to let these professionals know how you, your family, and your friends are feeling emotionally. Many resources are available to patients and their families. Whether you're in the hospital or at home, the nurses, doctors, and social workers are here to help you and your family and friends handle the emotional aspects of your illness. You may also find it comforting to speak with a cancer survivor or caregiver who has been through a similar treatment. Through our Patient and Caregiver Support Program, you're able to speak with former patients and caregivers. For more information, call 212-639-5007.

**What if I have other questions?**
If you have any questions or concerns, talk with your healthcare provider. You can reach them Monday through Friday from 9:00 AM to 5:00 PM.

After 5:00 PM, during the weekend, and on holidays, call 212-639-2000 and ask for the staff member on call for your healthcare provider.
When to Contact Your Healthcare Provider

Contact your healthcare provider if you:

- Have a fever of 100.5 °F (38 °C) or higher.
- Have shortness of breath
- Have pain that doesn’t get better with pain medication
- Have increased redness around your incisions
- Have new or increased swelling around your incision
- Have discharge from your incision
- Have heavy vaginal bleeding
- Have swelling or tenderness in your calves or thighs
- Cough up blood
- Don’t have a bowel movement for 2 days or longer
- Have nausea or vomiting
- Have diarrhea (loose or watery bowel movements)
- Have any questions or concerns

Monday through Friday from 9:00 AM to 5:00 PM, contact your healthcare provider’s office.

After 5:00 PM, during the weekend, and on holidays, call 212-639-2000 and ask to speak to the person on call for your healthcare provider.
This section contains a list of support services that may help you get ready for your surgery and recover safely.

Write down your questions and be sure to ask your healthcare provider.
MSK Support Services

Admitting Office
212-639-7606
Call if you have questions about your hospital admission, including requesting a private room.

Anesthesia
212-639-6840
Call if you have questions about anesthesia.

Blood Donor Room
212-639-7643
Call if you're interested in donating blood or platelets.

Bobst International Center
888-675-7722
MSK welcomes patients from around the world. If you're an international patient, call for help arranging your care.

Chaplaincy Service
212-639-5982
Our chaplains are available to listen, help support family members, pray, contact community clergy or faith groups, or simply be a comforting companion and a spiritual presence. Anyone can request spiritual support, regardless of formal religious affiliation. The interfaith chapel is located near Memorial Hospital's main lobby and is open 24 hours a day. If you have an emergency, call 212-639-2000 and ask for the chaplain on call.

Counseling Center
646-888-0200
Many people find counseling helpful. We provide counseling for individuals, couples, families, and groups, as well as medications to help if you feel anxious or depressed. To make an appointment, ask your healthcare provider for a referral or call the number above.

Food Pantry Program
646-888-8055
The food pantry program gives food to people in need during their cancer treatment. For more information, talk with your healthcare provider or call the number above.

Integrative Medicine Service
646-888-0800
The Integrative Medicine Service offers many services to complement traditional medical care, including music therapy, mind/body therapies, dance and movement therapy, yoga, and touch therapy.

MSK Library
library.mskcc.org
212-639-7439
You can visit our library website or speak with the library reference staff to find more information about your specific cancer type. You can also visit LibGuides on MSK’s library website at libguides.mskcc.org.
Patient and Caregiver Education
www.mskcc.org/pe
Visit the Patient and Caregiver Education website to search our virtual library. There, you can find written educational resources, videos, and online programs.

Patient and Caregiver Peer Support Program
212-639-5007
You may find it comforting to speak with someone who has been through a treatment like yours. You can talk with a former MSK patient or caregiver through our Patient and Caregiver Peer Support Program. These conversations are confidential. They may take place in person or over the phone.

Patient Billing
646-227-3378
Call if you have questions about preauthorization with your insurance company. This is also called preapproval.

Patient Representative Office
212-639-7202
Call if you have questions about the Health Care Proxy form or if you have concerns about your care.

Perioperative Nurse Liaison
212-639-5935
Call if you have questions about MSK releasing any information while you’re having surgery.

Private Duty Nursing Office
212-639-6892
You may request private nurses or companions. Call for more information.

Resources for Life After Cancer (RLAC) Program
646-888-8106
At MSK, care doesn’t end after active treatment. The RLAC Program is for patients and their families who have finished treatment. This program has many services, including seminars, workshops, support groups, counseling on life after treatment, and help with insurance and employment issues.

Sexual Health Programs
Cancer and cancer treatments can have an impact on your sexual health. MSK’s Sexual Health Programs can help you take action and address sexual health issues before, during, or after your treatment.

- Our Female Sexual Medicine and Women’s Health Program helps women who are dealing with cancer-related sexual health challenges, including premature menopause and fertility issues. For more information, or to make an appointment, call 646-888-5076.
- Our Male Sexual and Reproductive Medicine Program helps men who are dealing with cancer-related sexual health challenges, including erectile dysfunction. For more information, or to make an appointment, call 646-888-6024.

Social Work
212-639-7020
Social workers help patients, family, and friends deal with issues that are common for people with cancer. They provide individual counseling and support groups throughout the course of treatment and can help you communicate with children and other family members. Our social workers can also help refer you to community agencies and programs, as well as financial resources if you’re eligible.
Tobacco Treatment Program
212-610-0507
If you want to quit smoking, MSK has specialists who can help. Call for more information.

Virtual Programs
www.mskcc.org/vp
MSK's Virtual Programs offer online education and support for patients and caregivers, even when you can’t come to MSK in person. Through live, interactive sessions, you can learn about your diagnosis, what to expect during treatment, and how to prepare for the various stages of your cancer care. Sessions are confidential, free, and led by expert clinical staff. If you're interested in joining a Virtual Program, visit our website at www.mskcc.org/vp for more information.

For more online information, visit the “Cancer Types” section of www.mskcc.org.

External Support Services

Access-A-Ride
new.mta.info/accessibility/paratransit
877-337-2017
In New York City, the MTA offers a shared ride, door-to-door service for people with disabilities who aren’t able to take the public bus or subway.

Air Charity Network
www.aircharitynetwork.org
877-621-7177
Provides travel to treatment centers.

American Cancer Society (ACS)
www.cancer.org
800-ACS-2345 (800-227-2345)
Offers a variety of information and services, including Hope Lodge, a free place for patients and caregivers to stay during cancer treatment.

Cancer and Careers
www.cancerandcareers.org
646-929-8032
A resource for education, tools, and events for employees with cancer.

CancerCare
www.cancercare.org
800-813-4673
275 Seventh Avenue (Between West 25th & 26th Streets)
New York, NY 10001
Provides counseling, support groups, educational workshops, publications, and financial assistance.

Cancer Support Community
www.cancersupportcommunity.org
888-793-9355
Provides support and education to people affected by cancer.
Caregiver Action Network  
www.caregiveraction.org  
800-896-3650  
Provides education and support for those who care for loved ones with a chronic illness or disability.

Corporate Angel Network  
www.corpangelnetwork.org  
866-328-1313  
Offers free travel to treatment across the country using empty seats on corporate jets.

Gilda's Club  
www.gildasclubnyc.org  
212-647-9700  
A place where men, women, and children living with cancer find social and emotional support through networking, workshops, lectures, and social activities.

Good Days  
www.mygooddays.org  
877-968-7233  
Offers financial assistance to pay for copayments during treatment. Patients must have medical insurance, meet the income criteria, and be prescribed medication that is part of the Good Days formulary.

Healthwell Foundation  
www.healthwellfoundation.org  
800-675-8416  
Provides financial assistance to cover copayments, health care premiums, and deductibles for certain medications and therapies.

Joe's House  
www.joeshouse.org  
877-563-7468  
Provides a list of places to stay near treatment centers for people with cancer and their families.

LGBT Cancer Project  
www.lgbtcancer.org  
212-673-4920  
Provides support and advocacy for the LGBT community, including online support groups and a database of LGBT-friendly clinical trials.

LegalHealth  
www.legalhealth.org  
212-613-5000  
Provides free legal help to New Yorkers experiencing serious or chronic health problems and financial hardship.

LIVESTRONG Fertility  
www.livestrong.org/fertility  
855-744-7777  
Provides reproductive information and support to cancer patients and survivors whose medical treatments have risks associated with infertility.
Look Good Feel Better Program
www.lookgoodfeelbetter.org
800-395-LOOK (800-395-5665)
This program offers workshops to learn things you can do to help you feel better about your appearance. For more information or to sign up for a workshop, call the number above or visit the program’s website.

Medicine Assistance Tool
www.medicineassistancetool.org
A search engine with information about programs that can help people with financial need get access to medications.

National Cancer Institute
www.cancer.gov
800-4-CANCER (800-422-6237)

National LGBT Cancer Network
www.cancer-network.org
212-675-2633
Provides education, training, and advocacy for LGBT cancer survivors and those at risk.

Needy Meds
www.needymeds.org
800-503-6897
Lists Patient Assistance Programs for brand and generic name medications.

Patient Access Network Foundation
www.panfoundation.org
866-316-7263
Helps people with insurance pay their out-of-pocket medical costs.

Patient Advocate Foundation
www.patientadvocate.org
800-532-5274
Provides access to care, financial assistance, insurance assistance, job retention assistance, and access to the national underinsured resource directory.

RxHope
www.rxhope.com
877-267-0517
Helps people get medications they have trouble affording.
This section contains the educational resources that were referred to throughout this guide. These resources will help you get ready for your surgery and recover safely after surgery.

Write down your questions and be sure to ask your healthcare provider.

Notes

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________
Common Medications Containing Aspirin, Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs), or Vitamin E

This information will help you identify medications that contain aspirin, other NSAIDs, or vitamin E. It’s important to stop taking these medications before many cancer treatments. They affect your platelets (blood cells that clot to prevent bleeding) and can increase your risk of bleeding during treatment.

Other dietary supplements (such as other vitamins and herbal remedies) can also affect your cancer treatment. For more information, read the resource Herbal Remedies and Cancer Treatment (www.mskcc.org/pe/herbal_remedies).

Instructions Before Your Surgery

If you take aspirin, other NSAIDs, or vitamin E, tell your healthcare provider. They’ll tell you if you need to stop taking it. You’ll also find instructions in the information about your treatment. Read the “Examples of Medications” section to see if your medications contain aspirin, other NSAIDs, or vitamin E.

Follow these instructions if you’re having surgery or a surgical procedure. If your healthcare provider gives you other instructions, follow those instead.

- If you take aspirin or a medication that contains aspirin, you may need to change your dose or stop taking it 7 days before your surgery. Follow your healthcare provider’s instructions. Don’t stop taking aspirin unless your healthcare provider tells you to.
- If you take vitamin E or a supplement that contains vitamin E, stop taking it 7 days before your surgery or as directed by your healthcare provider.
- If you take an NSAID or a medication that contains an NSAID, stop taking it 48 hours (2 days) before your surgery or as directed by your healthcare provider.

**Examples of Medications**

Medications are often called by their brand name. This can make it hard to know their ingredients. The lists below can help you identify medications that contain aspirin, other NSAIDs, or vitamin E.

These lists include the most common products, but there are others. **Make sure your healthcare provider always knows all the prescription and over-the-counter (not prescription) medications you’re taking, including patches and creams.**

<table>
<thead>
<tr>
<th>Common Medications Containing Aspirin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aggrenox®</td>
</tr>
<tr>
<td>Alka Seltzer®</td>
</tr>
<tr>
<td>Anacin®</td>
</tr>
<tr>
<td>Arthritis Pain Formula</td>
</tr>
<tr>
<td>Arthritis Foundation Pain Reliever®</td>
</tr>
<tr>
<td>ASA Enseals®</td>
</tr>
<tr>
<td>ASA Suppositories®</td>
</tr>
<tr>
<td>Ascriptin® and A/D®</td>
</tr>
<tr>
<td>Aspergum®</td>
</tr>
<tr>
<td>Asprimox®</td>
</tr>
<tr>
<td>Tablets and Caplets</td>
</tr>
<tr>
<td>---------------------</td>
</tr>
<tr>
<td>Axotal®</td>
</tr>
<tr>
<td>Azdone®</td>
</tr>
<tr>
<td>Bayer® (most formulations)</td>
</tr>
<tr>
<td>BC® Powder and Cold formulations</td>
</tr>
<tr>
<td>Bufferin® (most formulations)</td>
</tr>
<tr>
<td>Buffets II®</td>
</tr>
<tr>
<td>Buffex®</td>
</tr>
<tr>
<td><strong>Common NSAID Medications That Don’t Contain Aspirin</strong></td>
</tr>
<tr>
<td>Advil®</td>
</tr>
<tr>
<td>Advil Migraine®</td>
</tr>
<tr>
<td>Aleve®</td>
</tr>
<tr>
<td>Anaprox DS®</td>
</tr>
<tr>
<td>Ansaid®</td>
</tr>
<tr>
<td>Arthrotec®</td>
</tr>
<tr>
<td>Bayer® Select Pain Relief Formula Caplets</td>
</tr>
<tr>
<td>Celebrex®</td>
</tr>
<tr>
<td>Celecoxib</td>
</tr>
<tr>
<td>Children's Motrin®</td>
</tr>
<tr>
<td>Clinoril®</td>
</tr>
<tr>
<td>Daypro®</td>
</tr>
<tr>
<td>Diclofenac</td>
</tr>
</tbody>
</table>
Most multivitamins contain vitamin E. If you take a multivitamin, check the label.

**About Acetaminophen**

Acetaminophen (Tylenol®) is generally safe to take during your cancer treatment. It doesn't affect platelets, so it won't increase your chance of bleeding. But, talk with your healthcare provider before taking acetaminophen if you're getting chemotherapy.

<table>
<thead>
<tr>
<th>Medications Containing Acetaminophen</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acephen®</td>
</tr>
<tr>
<td>Aceta® with Codeine</td>
</tr>
<tr>
<td>Acetaminophen with Codeine</td>
</tr>
<tr>
<td>Aspirin-Free Anacin®</td>
</tr>
<tr>
<td>Arthritis Pain Formula®</td>
</tr>
<tr>
<td>Arthritis Pain Formula® Aspirin-Free</td>
</tr>
<tr>
<td>Datril®</td>
</tr>
<tr>
<td>Di-Gesic®</td>
</tr>
<tr>
<td>Endocet®</td>
</tr>
<tr>
<td>Esgic®</td>
</tr>
<tr>
<td>Excedrin P.M.®</td>
</tr>
<tr>
<td>Fiorcet®</td>
</tr>
<tr>
<td>Lor cortisol®</td>
</tr>
<tr>
<td>Lor cortisol Free®</td>
</tr>
<tr>
<td>Lortab®</td>
</tr>
<tr>
<td>Naldegesic®</td>
</tr>
<tr>
<td>Norco®</td>
</tr>
<tr>
<td>Panadol®</td>
</tr>
<tr>
<td>Percocet®</td>
</tr>
<tr>
<td>Primlev®</td>
</tr>
<tr>
<td>Repan®</td>
</tr>
<tr>
<td>Roxicet®</td>
</tr>
<tr>
<td>Talacen®</td>
</tr>
<tr>
<td>Tylenol®</td>
</tr>
<tr>
<td>Vanquish®</td>
</tr>
<tr>
<td>Vicodin®</td>
</tr>
<tr>
<td>Wygesic®</td>
</tr>
<tr>
<td>Xartemis XR®</td>
</tr>
<tr>
<td>Xodol®</td>
</tr>
<tr>
<td>Zydene®</td>
</tr>
</tbody>
</table>

**Read the labels on all your medications**

Acetaminophen is safe when used as directed. But, there’s a limit to how much you can take in a day. It's possible to take too much without knowing because it’s in many different prescription and over-the-counter medications. It’s often an ingredient in pain relievers, fever reducers, sleep aids, and cough, cold, and allergy...
medications.

The full name acetaminophen isn’t always written out. Look for the common abbreviations listed below, especially on prescription pain relievers.

<table>
<thead>
<tr>
<th>Common Abbreviations for Acetaminophen</th>
</tr>
</thead>
<tbody>
<tr>
<td>APAP</td>
</tr>
<tr>
<td>Acetamin</td>
</tr>
</tbody>
</table>

Always read and follow the label on the product you’re taking. Don’t take more than 1 medication that contains acetaminophen at a time without talking with a member of your healthcare team.
Herbal Remedies and Cancer Treatment

This information explains herbal remedies and how they can affect your cancer treatment.

One week before you have surgery or start chemotherapy or radiation therapy, you must stop taking any herbal or botanical (plant-based) home remedies or other dietary supplements. This is because they can:

- Interact with your other medications.
- Increase or lower your blood pressure.
- Thin your blood and increase your risk of bleeding.
- Make radiation therapy less effective.
- Increase the effects of sedation or anesthesia (medications to make you sleepy).

You can continue to use herbs in your food and drinks, such as using spices in cooking and drinking tea. However, you must stop taking herbal supplements before your treatment. Herbal supplements are stronger than the herbs you would use in cooking.

Common Herbal Supplements and Their Effects

These are some commonly used herbs and their side effects on cancer treatments.

Echinacea
• Can cause an allergic reaction, such as a rash or trouble breathing.
• Can lower the effects of medications used to weaken the immune system.

**Garlic**

• Can lower your blood pressure, fat, and cholesterol levels.
• Can increase your risk of bleeding.

**Gingko (also known as *Gingko biloba*)**

• Can increase your risk of bleeding.

**Ginseng**

• Can lower the effects of sedation or anesthesia.
• Can increase your risk of bleeding.
• Can lower your blood glucose (sugar) level.

**Turmeric**

• Can make chemotherapy less effective.

**St. John’s Wort**

• Can interact with medications given during surgery.
• Can make your skin more sensitive to radiation or laser treatment.

**Valerian**

• Can increase the effects of sedation or anesthesia.

**Herbal formulas**

• Herbal formulas contain different herbs. We don’t know their side effects. You must also stop taking these products 1 week before treatment. Do not start taking herbal formulas again until your doctor tells you it’s safe.
This information doesn’t cover all herbal remedies or possible side effects. Talk with your healthcare provider if you have any questions or concerns.

For more information about herbs and botanicals, visit the Memorial Sloan Kettering (MSK) Integrative Medicine Service website at www.aboutherbs.com.
How to Use Your Incentive Spirometer

This information will help you learn how to use your incentive spirometer.

About Your Incentive Spirometer

An incentive spirometer is a device that will expand your lungs by helping you to breathe more deeply and fully. The parts of your incentive spirometer are labeled in Figure 1.

Figure 1. Incentive Spirometer
Use your incentive spirometer after your surgery and do your deep breathing and coughing exercises. This will help keep your lungs active throughout your recovery and prevent complications such as pneumonia.

If you have an active respiratory infection (such as pneumonia, bronchitis, or COVID-19) do not use the device when other people are around.

**How To Use Your Incentive Spirometer**

Here is a video demonstrating how to use your incentive spirometer:

![Video](www.mskcc.org/pe/incentive_spirometer_video)

Please visit [www.mskcc.org/pe/incentive_spirometer_video](http://www.mskcc.org/pe/incentive_spirometer_video) to watch this video.

**Setting up your incentive spirometer**

The first time you use your incentive spirometer, you will need to take the flexible tubing with the mouthpiece out of the bag. Stretch out the tubing and connect it to the outlet on the right side of the base (see Figure 1). The mouthpiece will be attached to the other end of the tubing.

**Using your incentive spirometer**

When you’re using your incentive spirometer, make sure to breathe through your mouth. If you breathe through your nose, the incentive spirometer won’t work properly. You can hold your nose if you have trouble.

If you feel dizzy at any time, stop and rest. Try again at a later time.

To use your incentive spirometer, follow the steps below.

1. Sit upright in a chair or in bed. Hold the incentive spirometer at eye level.
   - If you had surgery on your chest or abdomen (belly), hug or hold a pillow to help splint or brace your incision (surgical cut) while you’re using the incentive spirometer. This will help decrease pain at your incision.

2. Put the mouthpiece in your mouth and close your lips tightly around it. Slowly
breathe out (exhale) completely.

3. Breathe in (inhale) slowly through your mouth as deeply as you can. As you take the breath, you will see the piston rise inside the large column. While the piston rises, the indicator on the right should move upwards. It should stay in between the 2 arrows (see Figure 1).

4. Try to get the piston as high as you can, while keeping the indicator between the arrows.
   - If the indicator doesn’t stay between the arrows, you’re breathing either too fast or too slow.

5. When you get it as high as you can, hold your breath for 10 seconds, or as long as possible. While you’re holding your breath, the piston will slowly fall to the base of the spirometer.

6. Once the piston reaches the bottom of the spirometer, breathe out slowly through your mouth. Rest for a few seconds.

7. Repeat 10 times. Try to get the piston to the same level with each breath.

8. After each set of 10 breaths, try to cough, holding a pillow over your incision, as needed. Coughing will help loosen or clear any mucus in your lungs.

9. Put the marker at the level the piston reached on your incentive spirometer. This will be your goal next time.

Repeat these steps every hour that you’re awake.

Cover the mouthpiece of the incentive spirometer when you aren’t using it.
Information for Family and Friends for the Day of Surgery

This information explains what to expect on the day of your friend or family member’s surgery at Memorial Hospital, Memorial Sloan Kettering (MSK)’s main hospital.

Before the Surgery

After they get to the hospital, we’ll ask the patient to provide contact information for the person who will meet with the surgeon after the surgery. This is the same person who will get updates from the nurse liaison during the surgery. If the patient is having an outpatient procedure, we’ll also ask them to provide contact information for the person who will be taking them home.

Once the patient checks in, they’ll go to the Presurgical Center (PSC) to be examined before their surgery. Sometimes they may need to wait before they’re admitted to the PSC.

In the PSC, a nurse will do a full exam of the patient. When the operating room (OR) is ready, a member of the surgical team will come take the patient into the OR. They’ll get the patient ready for surgery. This can take 15 to 90 minutes. Then, the surgery will start.

To keep patients and staff safe and healthy during the COVID-19 pandemic, we may change our visitor policy more often than usual. Visit www.mskcc.org/visit for the most up-to-date information. Please remember the following:

- Don’t bring food or drinks into the hospital. Patients can’t eat or drink before their surgery or procedure.
If the patient brought any valuables, such as a cellphone, iPod, or iPad, keep them safe for them during surgery.

Sometimes surgeries can be delayed. We make every effort to tell you when this happens.

**During the Surgery**

**Surgery updates**
A nurse liaison will keep you updated on the progress of the patient’s surgery. They will:

- Give you information about the patient.
- Get you ready for your meeting with the surgeon.
- Arrange for you to visit the patient in the Post-Anesthesia Care Unit (PACU).

To contact the nurse liaison:

- From inside the hospital, you can use a hospital courtesy phone. These are located on the walls all around the hospital. Dial 2000 and ask for beeper 9000. Please be patient because this can take up to 2 minutes.
- Ask the information desk staff to contact the nurse liaison for you.

**After Surgery**

**Meeting with the surgeon**
When the patient’s surgery is over, we’ll call you and ask you to go back to the information desk. They’ll tell you where to go to meet with the surgeon.

After meeting with the surgeon, go back to the information desk and let them know you’ve finished your meeting.

**Visiting the patient in the PACU**
After surgery, the patient will be taken to the PACU. When patients first get to the
PACU, they’re usually sleepy and want to rest. We ask that you wait 90 minutes before calling the PACU to check on the patient. This gives them time to wake up and get comfortable.

If your family member is an inpatient (staying in the hospital), you’ll be allowed a one-time 30-minute visit. This can be coordinated when you speak with the nurse to find the best time for you and the patient.

- Please wear a mask.
- Make sure your cellphone is on silent before entering.
- Use an alcohol-based hand sanitizer (such as Purell®) or wash your hands before entering. There are hand sanitizer stations located throughout the hospital.
- Don’t bring food or flowers into the PACU.
  - We can store flowers in the flower room (located on the entrance floor of Memorial Hospital) until patients are allowed to have them. Flowers are usually allowed when the patient moves to their inpatient room.

While visiting the patient in the PACU:

- Speak quietly.
- Respect other patients’ privacy by staying at the bedside of your friend or family member.
- If any PACU patient needs special nursing attention, we may ask you to leave or to delay your visit.

The nurse will update you with the plan of care for the patient, such as whether the patient is staying overnight and when they’ll be moved to an inpatient room.

- If the patient moves to an inpatient room, a staff member will let you know the room number and the phone number to the nursing station on that floor. They’ll also let you know the visiting hours for that floor.
- If the patient is going home the same day, a responsible care partner must take
them home.

We’ll give you a card with the PACU phone number. Please choose 1 person who we should call for updates.

Visit www.mskcc.org/visit for more information about MSK’s visitor policy.